

State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14) (CFA-4)
Summary Sheet

FILE NUMBER

GRIM, JIM

TOTAL PAGES IN ENTIRE CFA-4 REPORT

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

IS THIS AN AMENDMENT? Yes No					
COMMITTEE INFORMATION					
1. Full Name of Committee (as on Statement of Organization)	name				
JIM GRIM for IPS BOARD					
2. Acronym or Abbreviated Name (if any)	3. Com	mittee Telephone Number			
2. Addity if the Abbieviated Hame in any		7,459-014			
	Check if this	s is a new address			
4000 N. MERINIAN ST. #15A					
5. City, State, ZIP Code	6. Party	Affiliation (if applicable)			
4000 N. MERIDIAN ST., #15A 5. City, State, ZIP Code INDIANAPOLIS, IN 46208					
CANDIDATE INFORMATION (For Candidate's C					
7. Full Name of Candidate (include any nickname)	8. Party	Affiliation or If Independe	nt Candidate		
JAMES (JIM) E. GRIM					
9. Office Sought (Include district number, if any. Not required for exploratory committee.)		inty of Residence			
IPS SCHOOL BOARD-AT LARGE	M	ARION	WANDIDATES ON V		
TYPE OF REPORT			ON CANDIDATES ONLY		
11. Check one:		Check one:	vention		
Pre-Primary Pre-Election Annual Nomination Other					
Final/Disbands Committee (lines 18, 19, and 20 must be "0") Utgoing Treasurer (within 10 days amend Statement	of Organization				
12. Reporting Period: From: 10/15/2016 Through: 12/3//2014		COLUMN A This Period	COLUMN B Year to Date		
		#1,835.38	100.10		
13. Cash on hand and investments at the beginning of this reporting period.		@ 1/ 0 JS.38			
14. Cash on hand and investments January 1, current year. CONTRIBUTIONS AND RECEIPTS					
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)					
15a. Itemized (use Schedule A)		16,125,00	20,930,00		
15b. Unitemized		16,125.00	_0_		
15c. Add lines 15a and 15b in both columns SUB	TOTAL	16,125.00	20,930,00		
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B	TOTAL	17,960.38	20,930,00		
EXPENDITURES					
(Note: These amounts include in-kind expenditures and loan repayments.)					
17a. Itemized (use Schedule B) (Public Question: use Schedule C)		15,244,83	18,214,45		
17b. Unitemized		-0-	-0-		
17c. Add lines 17a and 17b in both columns	BTOTAL	15,244.83	18,214,45		
18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns)	TOTAL	2,715,55	2,715,55		
19. Debts OWED BY the committee (use Schedule D)	-0-				
20. Debts OWED TO the committee (use Schedule E)		-0-			
CERTIFICATION FOR OFFICE USE ONLY					
I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS	TRUE, COR		Tyla a Eldridge		
Signature of Treasurer Title		Date / 12 / 7			
Signature of Treasurer Title Freasurer Title Freasurer		7.77	JAN 1 7 2017		
1 Signature of Candidate (if applicable)					
WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose. (IC 3-9-4-5) A person who knowingly					
files a fraudulent report commits a Class D felony. (IC 3-14-1-13) A person who fails to file a complete or accurate Campaign Finance Law commits a Class B misdemeanor, (IC 3-14-1-14) and may be subject to civil penalties. (IC 3-14-1-14)	ırate report a	is required by the Indiana (and distribution		
Campaign Finance Law committe a Class & misdemeanor, (IC 3-14-1-14) and may be subject to CVII penalties. (IC 3	7-U-T-1U, 1U U	0 , 11, 10 0-0-T-10/			



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

FILE NU	MBER
GRIM,	TIM
Page	of 3

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS	COLUMN B CUMULATIVE	DATE RECEIVED
(street, number, city, state, ZIP code)		PERIOD	YEAR-TO-DATE	RECEIVED BY
hicole Treating to Grand	Contributions: Direct In-Kind (describe)	i D	4 -	10/25/16
5733 Oak ave,		12500	2500	
Sudienopolis, IN 46219	Other Receipts: Interest Loan Misc. (specify)		25	
Contributor's Occupation (if required)				
2 Duene Brigham 3813 Cooper Lane Indienspolin, IN 46228	Contributions: Direct In-Kind (describe)	44000	4000	10/25/2016
Indiscopolis, IN 46228	Other Receipts: Interest Loan Misc. (specify)	90		
Contributor's Occupation (if required)				
Jish & Lino Puente Malensonce	Contributions: Direct In-Kind (describe)	\$5000	6,000	10/25/2016
PO. Boy 20881 Sudianafoli, IN 46220 Contributor's Occupation (if required)	Other Receipts: Interest Loan Misc. (specify)	30	/30	
A	Contributions:		<u> </u>	
herle Hope Sanbeit	Direct In-Kind (describe)	300	3000	10/25/2016
Sadiadefolis, IN 46208	Other Receipts: Interest Loan Misc. (specify)	300		
Contributor's Occupation (if required)				
5. Jeffrey K. Claspell 4000 h. Theredian SD. \$7 H Alisaspoler, IN 46208	Contributions: Direct In-Kind (describe)	+ P	\$100 82	10/25/2014
Adisapole, IN 46008	Other Receipts: Interest Loan Misc. (specify)	6/00 0	100	
Contributor's Occupation (if required)		10		
SUBTOTAL	THIS PAGE OF SCHEDULE A	\$ 5		
TOTAL OF ALL PAGES OF SCHEDULE (Enter total on ITE	A ON THE LAST PAGE ONLY M 15a of the Summary Sheet)	\$		



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Page _	2	of <u>3</u>		

CONTRIBUTOR'S FULL NAME AND OCCUPATION	TYPE OF CONTRIBUTION	COLUMN A	COLUMN B	DATE RECEIVED
FULL MAILING ADDRESS (street, number, city, state, ZIP code)	OR OTHER RECEIPT	AMOUNT THIS PERIOD	CUMULATIVE YEAR-TO-DATE	RECEIVED BY
1. Robert Ghannis 9515 Northwine Ct. Indianopolis, IN 46256 Contributor's Occupation (if required)	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Misc. (specify)		675 30	10/20/2016
William hout 4000 h. Mendian St. # 75 Adianypolin, IN 46208	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Misc. (specify)	\$1000	\$10000	10/2 /2016
Contributor's Occupation (if required)				
Jobej Salyas. 1238 S. Perphing Geor. Indianapoler, IN 46221	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Misc. (specify)	1000	10000	10/25/20/6
Contributor's Occupation (if required)				
4. Agnes R. Shelton 3431 h. Chester ave, Salisnofolis, IN 46218 Contributor's Occupation (it required)	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Misc. (specify)	87500	\$25°2	10/25/2016
5. Mashariki T. Jewonza 4124 M. Huelbard We. Sudienspolis, IN46208 Contributor's Occupation (if required)	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Misc. (specify)	4/2000	\$50 °E	10/35/2016
SUBTOTAL	THIS PAGE OF SCHEDULE A	\$370 2		
TOTAL OF ALL PAGES OF SCHEDULE (Enter total on ITE	A ON THE LAST PAGE ONLY EM 15a of the Summary Sheet)	\$		



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